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Met with Keith Norton today.

We will probably get

1) sensitizing process within OHRC to bring staff into better understanding of sensitivities, (result in more sensible decisions).

2) Privately, he or his staff will contact various people, some named, including Dr Richard Schabas and Dr Lesbia Smith, in Public Health/Environmental Health respectively. Dr. Smith advised me in about 1986 that sensitivities were "thought to be psychological".

They are a couple of very few people left of the old guard, the people who ditched Thomson's report by submitting it to review by Zimmerman, the people who had the attitude Thomson was referring to when he and his panel of mainstream physicians said that the position "all the identified patients are emotionally ill" was "clearly untenable".

3) Discussion with OHRC staff about _possible_ inclusion in public or health system human rights education processes.

I gave Norton the basic message in the presentation to the Ottawa Carleton Liberals last spring.

And this was the opening to the meeting:

NOTE FOR MEETING WITH MR. NORTON

For years and years, several authorities, including officials in the Ontario Ministry of Health, deemed that people with sensitivities should be presumed mentally ill until proven otherwise. As a result, people suffered and continue to suffer unnecessary damages.

Damages include broken families, when one spouse decided, on the advice of health officials, that the other was a "malingerer" or that their reactions were "emotional". A man shot himself after Public Health officials told his family his problems were "thought to be psychological". The same man was turned down for FBA disability benefits because the medical adjudicator (who never examined him) said the problem was "thought to be psychological". This was years after MCSS said they administered benefits to persons disabled by sensitivities, and four years after Thomson and his panel

of mainstream physicians said that position was "clearly untenable".

Children are abused in schools. Professional reputations have been ruined. Peoples careers, including Ontario Public Servants careers, have been brought to an end - not so much because the disability can't be accommodated, but because of attitudes. There have been several suicides.

In addition, existing mandate recommendations that would protect people from being caused preventable harm in the health care system are being ignored by the Ministry of Health, while other ministries act on our concerns. The result is that persons with sensitivities are being abused on an ongoing basis in provincially owned and operated facilities, by provincially paid, regulated, and managed staff. As well, people already diagnosed are accruing damages as a result of the ministry's callous disregard for the fact that people with sensitivities are being abused in the health care system.

Short of a class action, or something like a Krever inquiry, we see NO movement on the central issue we have forwarded for 17 years (in my experience), that is the issue of how people are being subjected to damaging acts and harassment as a result of hostile attitudes the ministry at first encouraged, and now tolerates.

SUGGESTED OUTCOME:

We need a positive pro-active process to address attitude problems in specific people in the ministry of Health, something like the anti-racism work that was done in the Toronto and other police services. We need to specifically address the main issue facing people with sensitivities, and that is one of attitudes which are resulting in increased disability, damages, and deaths.

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Anyways, just FYI...

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